



STATE OF TENNESSEE
DEPARTMENT OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

New Provider Orientation Acknowledgement Form

5.8.a. Requirements for Not-For-Profit Provider Boards of Directors. An appointed Board of Directors is expected to follow all applicable state and federal laws pertaining to not-for-profit corporations as well as the following:

8. The Board chairperson and the chief executive officer/executive director are required to attend a DIDD new provider orientation within ninety (90) calendar days of assuming office or complete the online equivalent.¹

5.8.b. Requirements for For-Profit Provider Local Advisory Groups. For-profit providers of residential, day, personal assistance and support coordination services must have a local advisory group. Requirements include:

5. Within ninety (90) calendar days of being appointed or beginning contracted services with DIDD, the executive director is required to attend a DIDD new provider orientation or complete the online equivalent.²

If you choose to review the New Provider Orientation materials prepared by DIDD in lieu of attending the New Provider Orientation Class, please review the information carefully. Then, upon completion of your review, sign and date the certification statement below. This statement must be maintained as documentation in your records and must be available for review by Quality Assurance staff during future surveys.

By my signature, I certify that:

1. I have chosen to review the New Provider Orientation materials in lieu of attending the New Provider Orientation class;
2. I have reviewed and familiarized myself with the New Provider Orientation materials regarding the policies, philosophies, practices, benefits, and expectations of the Department of Intellectual and Developmental Disabilities, as well as provider responsibilities;
3. I agree to comply with the requirements specified in the New Provider Orientation materials; and
4. I understand that the New Provider Orientation Acknowledgment Form is not a contract and should not be deemed as such.

Name of Provider Agency

Date of Appointment as Board Chair

Name of Board Chair

Signature of Board Chair

Date
